2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 09, 2004 8:00 am Secretary of State DOCUMENT # G92679 1. Entity Name ARIANA SHORES HOMEOWNERS ASSSOCIATION, INC. 04-09-2004 90037 006 ***150.00 Principal Place of Business Mailing Address 116A PARADISE LANE AUBURNDALE FL 33823 116A PARADISE LANE AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2387985 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORBES CPA, W JAMES 595 CYPRESS GARDENS BLVD STE 320 WINTER HAVEN FL 33880-4410 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. me of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR TITLE Delete TITLE NAME ROBERTS, GLEN NAME STREET ADDRESS 154 HOLIDAY LANE STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP PRESIDENT NOST W. HORN, ERNEST W. me Delete TITLE ☐ Change Addition NAME HUGHEY, LESLIE NAME STREET ADDRESS 156 PARADISE LANE STREET ADDRESS Fuburndale FL. 33823 CITY-ST-ZIP AUBURNDALE FL CITY-ST-ZIP -TITLE Defete. TITLE Change NAME KESTER, BETTY-NAME STREET ADDRESS 152 HOLIDAY LANE STREET ADDRESS CITY - ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP TITLE ☐ Delete TITLE TReasurer ☐ Addition MCCOY, FRED NAME NAME STREET ADDRESS 156 HOLIDAY LANE STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP vice President ☐ Delete TiTLE Change . 🗌 Addition JONES, BOB NAME NAME 144 HOLIDAY LANE STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIF CITY-ST-ZIP TILE ☐ Delete TITLE PARADISE KANE BENDER, MARY NAME 133 HOLIDAY LN STREET ADDRESS STREET ADDRESS AUBURNDALE FL CiTY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE Daytime Phone